

Receipt

CASE MA-81

CERTIFICATE OF MAILING

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Samuel J. DuBoff
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Samuel J. DuBoff
Signature

May 1, 2001
Date

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

DUBOWCHIK ET AL.

APPLICATION NO: 09/717,563

FILED: NOVEMBER 21, 2000

FOR: NEUROTROPHIC BICYCLIC DIAMIDES

Assistant Commissioner for Patents
Washington, D.C. 20231

LETTER CORRECTING OFFICIAL FILING RECEIPT-SECOND NOTICE

Sir:

The official filing receipt received in the above-identified application has omitted information that should be shown under the Continuing Data as Claimed by Applicant section. Please issue a corrected filing receipt listing the following information under the Continuing Data as Claimed by Applicant section:

--This application claims benefit of 60/169,600 filed 12/8/99--

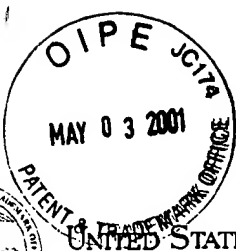
A copy of the filing receipt with the correction noted is enclosed.

Applicants believe this error is ascribable to the Patent Office. Accordingly, no fees are required. However, if this is incorrect, the Commissioner is hereby authorized to charge the \$25 fee under 37 CFR §1.19(h) and any additional fees that may be required to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Respectfully submitted,

Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000
(203) 677-7787
Date: 5/1/01

Samuel J. DuBoff
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Page 1 of 3

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
✓ 09/717,563	✓ 11/21/2000	✓ 1646	✓ 920	✓ 1170031	✓ 9	✓ 4	

23914

MARLA J MATHIAS
BRISTOL-MYERS SQUIBB COMPANY
PATENT DEPARTMENT
P O BOX 4000
PRINCETON, NJ 08543-4000

FILING RECEIPT



OC000000005916954

Date Mailed: 03/29/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

✓ Gene Michael Dubowchik, Middlefield, CT ;
✓ David Paul Provencal, Cromwell, CT ;

Continuing Data as Claimed by Applicant

This application claims benefit of
60/169,600 filed 12/8/99
Foreign Applications

If Required, Foreign Filing License Granted 03/07/2001

Title

✓ Neurotrophic bicyclic diamides

Preliminary Class

514

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U.S. Patent Law

APR 03 2001

Docketed Item _____

Due Date _____

Attorney Jam

Data entry by : DILLON, LAWANDA

T am : OIPE

Date: 03/29/2001



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BIBDATASHEET

CONFIRMATION NO. 2115

Bib Data Sheet

SERIAL NUMBER 09/717,563	FILING DATE 11/21/2000 RULE	CLASS 514	GROUP ART UNIT 1624	ATTORNEY DOCKET NO.
APPLICANTS Gene Michael Dubowchik, Middlefield, CT; David Paul Provencal, Cromwell, CT;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/169,600 12/08/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/07/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY CT	SHEETS DRAWING	TOTAL CLAIMS 9
				INDEPENDENT CLAIMS 4
ADDRESS 23914				
TITLE Neurotrophic bicyclic diamides				
FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	